

**SUPERIOR COURT OF THE STATE OF DELAWARE**  
**AFFIDAVIT AND PETITION FOR RENEWAL OF LICENSE**  
**TO CARRY A CONCEALED DEADLY WEAPON**

(Please file original and one (1) copy of all documents between January 1 and June 1, together with \$34.50 filing fee.  
Also attach two (2) current 2 x 2 color passport-style photographs.)

New Castle County Prothonotary  
500 N. King Street, Suite 1500  
Wilmington, DE 19801-3704  
(302) 255-0556

Kent County Prothonotary  
38 The Green  
Dover, DE 19901  
(302) 739-3184 ext. 123

Sussex County Prothonotary  
1 The Circle, Suite 2  
Georgetown, DE 19977  
(302) 856-5799

- (1) Current License# \_\_\_\_\_ Restricted \_\_\_\_\_ Unrestricted \_\_\_\_\_
- (2) Applicant's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_
- (3) Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
- (4) Citizenship: \_\_\_\_\_ Occupation: \_\_\_\_\_
- (5) Employer: \_\_\_\_\_
- (6) Have you been denied a permit? \_\_\_\_\_
- (7) Have you been convicted of any alcohol related offense during the last 3 years?  
(Give full details) \_\_\_\_\_  
\_\_\_\_\_
- (8) Have you ever been convicted in this State or elsewhere of a felony or a crime of violence involving physical injury to another, whether or not armed with or having in your possession any weapon during the commission of such felony or crime of violence? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (9) Have you ever been committed for a mental disorder to any hospital, mental institution, or sanitarium?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, do you possess a certificate of a medical doctor or psychiatrist licensed in this State that you no longer suffer from a mental disorder which interferes or handicaps you from handling deadly weapons? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, attach a copy of the certificate.)
- (10) Have you ever been convicted for the unlawful use, possession, or sale of a narcotic, dangerous drug, or central nervous system depressant or stimulant? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (11) Have you ever been, as a juvenile, adjudicated as delinquent for conduct which, if committed by an adult, would constitute a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(A response to this question is not required if you have reached your 25th birthday.)
- (12) Do you hold a permit in any other State? \_\_\_\_\_? If yes, which State \_\_\_\_\_.

**TO THE JUDGE OF THE SUPERIOR COURT OF THE**

**STATE OF DELAWARE IN AND FOR \_\_\_\_\_ COUNTY:**

The undersigned Petitioner, who resides at \_\_\_\_\_  
Street Address

\_\_\_\_\_ in \_\_\_\_\_ County, holds a valid Delaware permit to carry  
City Zip Code

a concealed deadly weapon and desires to renew because carrying said weapon is necessary for the protection of petitioner's person or property or both.

Petitioner swears that the answers to the above questions are true and correct. Petitioner therefore requests that petitioner's application be approved and a license be issued for the period of three (3) years beginning\_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner

**SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D. \_\_\_\_\_**

\_\_\_\_\_  
**Notary Public**

**FOR OFFICIAL USE ONLY**

Reviewer Recommendation

Superior Court

Approved\_\_\_\_\_ Denied\_\_\_\_\_  
Unrestricted\_\_\_\_\_ Restricted\_\_\_\_\_  
Remarks\_\_\_\_\_

Approved\_\_\_\_\_ Denied\_\_\_\_\_  
Unrestricted\_\_\_\_\_ Restricted\_\_\_\_\_  
Remarks\_\_\_\_\_

By\_\_\_\_\_

By\_\_\_\_\_  
Judge